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Alexandria, Virginia 22313-1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

03/23/2004

NEIL A. STEINBERG
 2665 MARINE WAY, SUITE 1150
 MOUNTAIN VIEW, CA 94043

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Michiko Siter (Depositor's name)
Michiko Siter (Signature)
June 7, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/702,831	11/01/2000	Kiezo Yamada	NEC-F90/USA	1084

TITLE OF INVENTION: SEMICONDUCTOR DEVICE TESTER WHICH MEASURES INFORMATION RELATED TO A STRUCTURE OF A SAMPLE IN A DEPTH DIRECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, VINH P	2829	324-751000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fab Solutions, Inc.

Kanagawa, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 5

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- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Neil A. Steinberg* (Date) *6/7/2004*

Neil A. Steinberg, Reg. No. 34,735

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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06/14/2004 ZJUHARE 00000117 09702831

01 FC:1501
 02 FC:8001

1330.00 OP
 15.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Case No. 219.002-US)

In the Application of: **Yamada et al.**

Serial No: **09/702,831**

Filed: **November 1, 2000**

Title: **Semiconductor Device Tester**

) Group
) Art Unit: **2829**
)
) Before
) Examiner: **V. Nguyen**
)
)

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Certificate of Mailing under 37 CFR 1.8

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on June 7, 2004.

Signature

Print Name of Person Signing Certificate



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) Examiner: **V. Nguyen**
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)

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Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE

Dear Sir:

Transmitted herewith for the above-referenced application are:

- ☒ [XX] Issue Fee Transmittal Form PTOL-85B.
- ☒ [XX] Utility Fee: \$1,330.00.
- ☐ [] Publication Fee: \$300.00.
- ☒ [XX] Advance Order - # of Copies 5.
- ☒ [XX] A check in the amount of \$1,345.00 is attached.
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- ☐ [] Charge the amount of \$_____.
- ☒ [XX] Credit any overpayment.
- ☒ [XX] Charge any additional fee required.

Date: June 7, 2004

Respectfully submitted,

Neil A. Steinberg

Reg. No. 34,735

650-968-8079